

CONSERVANCY BOARD DECISION REVIEW ROUTER

File No.: CS4-09550C@1

Author/Date: Dunbar 9/18/12

Y:\Staff\

SharePoint > CRO > Staff > Dunbar >
Modification Letter Bear
Mtn. CS4-09550C@1

Staff	Function	Date	Initial
Glenda: <u>Shelly</u>	Internet & Letter	<u>9/24/12</u>	<u>SS</u>
Sandy:	WRTS	<u>10/1/12</u>	<u>SS</u>
Debra:	GWIS (initial/date): <u>WLC 10/1/12</u> <u>Parcel 27221620050 is</u> <u>owned by AB Golf LLC</u> <u>(JUST OUTSIDE LAKEVIEW)</u> <u>(not Bmud Boundary)</u>		
Permit Writer:	WTWG Summary		
Hydrogeo:			
30-Day Ext Letter		<u>SS</u>	<u>11/2/12</u>

45-Day ends: 11/2/12 Friday

30-Day Extension ends: 11/30/12

GWIS remarks & edits (if more room is needed use back of page):

Section Mgr: 11/30/12 WK

Mail out/date (Admin): 30-day Ltr mailed 10/31/12
45-day Ltr mailed 9/24/12

Circle appropriate WRIA:

County: Chelan

TRIBE	WRIA
Colville Confederated Tribes	49 50 51 52 53 58 60 61
Yakama Nation	29 30 31 32 33 37 38 39 40
Both Tribes	45 46 <u>47</u> 48

PROTESTS? ☐ Yes ☒ No

Certified CCs: (Check application signatures)

CCs to anyone else? (Please list cc's & protestants):
 If more room is needed, use back of page.

Marc Marquis
Don Phelps Lisa Devera ASOCP
Philip Rigdon YAKAMA NATION
Lois Trevino, Colville Conf Tribes

Minimum Flow River List? (Y:\Adm\Rivers)

Name of River

Add name to the appropriate River Data Source: ☐

Remarks or Related Files (Need more space? Use back of page):

CS4-09550C@2

WRT update 10/31/12

Attachments:

- ☐ Your Right to Be Heard
- ☐ PTO appeal? No Your Right to Be Heard
- ☐ BC, CC, PA forms
- ☐ Water Measurement Requirements
- ☐ Fish Screening Criteria
- ☐ Other:

SEE BACK FOR FURTHER INFORMATION

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 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4
 CS4-09550C@1 And @2

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>BEAR MOUNTAIN WATER DIST PO BOX 3091 CHELAN WA 98816 WR/ss CB MOD CS4-09550C@1 & CS4-09550C@2 11/30/12</p> </div> <p>2. Article Number (Transfer from service label)</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery W Knechtel 12-4-12</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 2250 0004 4952 2078</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02 -1540

ORIGINAL IN CS4-09550C@1